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"NEC TENUI PENNA."

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EDITORS.

MIXED ANESTHETICS.

At a very early period of anesthetics there came the mixtures of chloroform and ether in varying proportion, endeavoring to compromise between the safety of one and convenience of the other. Three mixtures were investigated by the chloroform committee. First: Alcohol, one part; chloroform, two parts; ether, three parts. Second: Chloroform, one part; ether, four parts. Third: Chloroform, one part; ether, two parts. The first, the familiar A. C. E. mixture, was especially recommended. Under the third mixture Atlee did his ovariotomies. The Vienna mixture is three parts of ether to one part chloroform, under which eight thousand operations have been performed without fatal accident. Billroth's more recent mixture is three parts of chloroform to one part each of ether and alcohol. The accidents under these various combinations have been very rare, scarcely more than a half dozen having been recorded, and Dr. Reeve is led to ask why they have not been more generally adopted by the profession. An early fatal case under the use of one of the mixtures, erroneously attributed to the anesthetic, he gives as one of the reasons, and the other is strangely enough theoretical. It is that the rate of evaporation of the several ingredients of the mixtures is unequal; that in spite of the mixture the patient is getting chloroform or ether singly, and the more dangerous of the two when he is least able to bear it. It is more probable, however, that when the alcohol is used there is more equal blending of liquid and vapor; and if fears are entertained that the ether in evaporating first leaves the chloroform to follow, it is easy enough, says Dr. Reeve, to obviate the difficulty by keeping the sponge freshly charged with the mixture.

We have seen the A. C. E. mixture frequently used and abandoned, not, however, on theoretical grounds, but because it did not bring the patient rapidly enough under its influence. And in this connection we have here, as elsewhere, a not infrequent method of administering anesthetics which Dr. Reeve does not discuss. This is to bring the patient first under the chloroform, and keep up the sleep by ether. Certainly in this mixed method we have a sure way of telling which vapor comes first.

The record of the mixed anesthetics is a good one, and they no doubt will continue in favor.

Dr. Reeve also discusses the modification of anesthesia by the preliminary injection of morphia. We have no doubt this mention will bring to the mind of many of our readers a plan that they tried when it was first brought out, but which for one reason or another they had pretty much abandoned. There is one advantage of reading such a comprehensive review of the subject as presented by Dr. Reeve. It stirs us in our old ruts and leads us to examine the other paths.

The combination of hypodermic morphia with chloroform administration comes with excellent recommendation. It is claimed that it is especially adapted to prolonged operations, reducing the quantity of chloroform necessary, and lessening the stage of

muscular and mental excitement. "Upon these points," says Dr. Kappeler, "the advantages have been on various sides clinically proved and are only seldom called in question."

De Marguay was of the opinion that the morphia increased the danger of the anesthetic; but Mallow, one of the enthusiastic admirers of the method, claimed that the morphia, in lessening the irritability of the air-passages, restrained reflex action upon the heart; also that in small doses it increased blood-pressure by its action on the motor-ganglia of the heart, and by its contraction of the peripheral vessels, thereby opposing from the beginning the chief deleterious influences of chloroform. Dr. Kappeler makes the injection of morphia twenty or thirty minutes before the inhalation is begun, and uses of the muriate .015.

Dr. Reeve makes the very apposite remark, that it is reasonable that this process is peculiarly adapted to nervous females or any patient looking forward with great dread to the anesthetic. "Such mental action," he says, "is blunted and subdued by the narcotic, and the patient can then be gently conducted along a path which without it he could only travel with resistance and fear, if not horror."

None of the advantages of morphia-chloroform narcosis belong to the morphia-ether narcosis. The combination, on the other hand, is rather injurious, nor, according to the experience of Dr. Kappeler in seventy cases of ether-chloral narcosis, is this combination to be better recommended.

FASHION IN DEFORMITY. — The Popular Science Monthly for October publishes an interesting article on this subject from the pen of William Henry Flower, LL.D., F.R.S. His address is an instructive one, and in all that he says of the Indians, Africans, Chinese, and Australians we heartily agree with him. Certainly they do but augment their hideousness in their attempts to enhance their beauty by improving on nature; but when he comes to consider white folks, and to trot out that old battered torso of the Venus of Milo as a model for modern women to pattern after we take issue with him. That the torso has the curves of beauty in great perfection may be true, but in London and in Louisville there are thousands of female forms that are vastly more beautiful.

There is not only no proof that moderate lacing is injurious, but every man much acquainted with the ways of women is well aware that stays are a great support and comfort to weak backs, and are thereby frequently promotive of health. As to their deforming women, that is a matter of taste, and to our taste they greatly improve the average female figure. Does any sane man pretend that the waists, busts, or any other feature of the peasantry of England are handsomer than these same features are in the middle and higher classes of that country? Does any one whose eyesight is correct consider the figures of our Indian squaws and negresses and domestic drudges and frontiers-women superior in symmetry to the figures of our women of fashion? The highest form of female shape is marked by narrow, drooping shoulders, small waist, and broad hips, just as the male's is characterized by broad and square shoulders, a not particularly small waist, and rather narrow hips. Lacing is no outrage on nature, but is a decided improvement upon nature as nature comes to us in this nineteenth century. That female health is today better and her life is longer than at any former period we all know, and that the woman of fashion is more beautiful in face and form than any of her savage or "natural" sisters or ancestors are, we conceive, beyond peradventure.

WINDOW-SCREENS AND MALARIA.—In the LOUISVILLE MEDICAL NEWS of October 2d there appeared an extract from a communication upon this subject, published in the Michigan Med. News, from Dr. W. C. Maull, of Middletown, Ill. We recur to the subject in order to call the attention of such

of our readers as may possibly have failed to read Dr. Maull's important suggestion. Dr. Maull believes he has seen the efficacy of wire screens, such as are largely used on our prairies to keep out mosquitoes, house-flies, and sandflies (the sting or bite of the latter is more like a coal of fire dropped on the skin than any thing else, as we know from experience while grouse-shooting in Illinois) in excluding that omnipresent and almost omnipotent (for evil) and altogether mysterious miasm which produces intermittents and almost every thing else. He says very truly that since we know that a belt of timber often suffices to restrain the malarial poison, and that Sir Humphrey Davy's safety-lamp enables the miner to go with safety amid the inflammable gases of the mines, it is not irrational to hope that fine wire screens may protect dwellers in malarial regions from the nocturnal and hydra-headed monster. Messrs. Fitch & Lindsay, of this city, make these screens.

Correspondence.

LONDON LETTER.

FROM OUR SPECIAL CORRESPONDENT.

The Death of Dr. Delpech—His Career—Its Moral—The Position of Consultants—Relations of the Professional Seniors to their Juniors—A Suggestion for Reform on both Sides of the Atlantic—A View of the Career of Gull, Paget, Reynolds, etc.—Why should not Doctors "take Silk?"

To the Editors of the Louisville Medical News:

The news is published this week of the death of Dr. Delpech. Prof. Delpech was a surgeon of considerable reputation, but one which has probably not extended throughout the profession wide enough and deeply enough to have produced its impression in your part of the world. His life and death, however, are not without an interest and a moral, and serve to illustrate some phases of professional life in Europe which are hardly sufficiently considered. He was surgeon of the hospital Necker, active, intelligent, well informed, eloquent beyond the usual eloquence even of an accomplished Frenchman, and highly successful in practice and in the affairs of life. He has died suddenly of apoplexy, at the age of sixty, when out shooting. Those who remember him as I do—a vigorous, able, hearty man—must reflect that he has died before his time, and probably, in a physiological sense, by his own hand. His death is what the world calls natural, though premature. Looked at from another point of view, it is unnatural, and, in a sense which may be applied to a large number of unnatural, because premature, deaths, suicidal. He was one of those men who looked, and probably was, born to live a century. He was gifted with powers which would have enabled him to do original work and to have left his mark on the sands of time. As it is, his life-labors have been cut short and his footsteps are effaced. His name and his memory probably hardly find an echo among his contemporaries outside of the Parisian circle in which he was known. I could name a dozen other men at this moment in each of the great capitals of Europe who might take this lesson to heart, if indeed it be not too late; certainly men of whom the same might be said. The secret of the kind of success which he achieved, and of the larger success which he failed to achieve, is to be found in that too common habit of men of ability, energy, and strong constitution of seeking fame, occupation, notoriety, and a field for exertion every where instead of in one place only, forgetting the physiological laws which govern the activity and durability of the intellect and of the physiological constitution. Not content with his work as a hospital surgeon, and with a fatiguing practice which it had brought him in the world, he threw himself in succession into the debates of the Academy, into the struggles of the Municipal Council of Paris, into the labors of the Consultative Committee of Hygiene. He was a sportsman, a man of the world, a surgeon, a politician, an orator, a hygienist. He was at once too much and too little, and so before sixty he had worn out the tissues to which he gave too little rest, and he began to undergo those degenerative changes which he might have postponed for twenty years by a more wisely-reasoned course of life, by imposing a stricter limit upon seductive sympathies for varied forms of activity, and by restraining the love of notoriety. How many fine intellects and well-knit frames are subjected to the same destructive ordeal by eminent members of our profession! At this day how many medical men does one see in all the capitals who do not learn to concentrate their energies, to economize their faculties, to fix for them-

XUM

selves their line of work, and to aim at adding some new facts, new principles, new observations, new elements of progress to the world's knowledge in that department in which they are masters, but diffuse themselves over all the subjects of the day, and aim at being encyclopedic, ubiquitous, and forever present in the public eye and dinning at the public ear.

Looking around at the present moment at our leading London physicians and surgeons—for of them only will I speak, leaving it to American readers to apply the moral to transatlantic types—what are the traces which a Jenner, a Gull, a Watson, a Paget, or a Quain will leave on the marble stones which build up the temple of medicine? Absorbed in a multifarious work that comes to them from all sides, rejecting nothing which can lead them to fortune and to fame, willing to appear wherever the finger of public clamor beckons, deserting their hospitals in the prime of life, ceasing to teach at the very period when their ripest knowledge makes them most valuable as teachers, they will be remembered only for a few years by those who have come under their personal influence, and they will have left little or nothing to be added to the useful knowledge of future times. They are wearing themselves out in the race for fortune. Their baronetcies, their clients, the fashionable, the literary, and the scientific circles which claim them for amusement, for show, and for adulation, rob them of the single-minded purpose with which a Hunter or a Faraday pursued the work which is indestructible by time.

I have been pondering over these things lately in coming away from that gathering at Cambridge, where the British Medical Association had collected the flower of British medicine and surgery, and where some of the greatest names of the United Kingdom shone upon the rolls on which the University inscribed the names of the most famous of contemporary physicians. Who among them will have left any thing which posterity will care to remember? A few of the men—Lister, Spencer Wells, Michael Foster, and, among foreigners, Ranvier and Brown-Séquard. Jenner, too, in the one achievement of his life, to which he was so fortunate as to be led in his early career—the distinction of typhoid fever. These men will be remembered, for they have devoted themselves with single-minded purpose to the accumulation of facts in some one direction. How largely have nearly all the others sacrificed for temporary attractions powers that were capable of permanent conquests! How largely they have shortened their lives and wasted their capacities and lowered their intellectual gifts to the pursuit of glittering reputations and the accumulation of money-bags with which to endow hereditary titles!

There are many anomalies in what is called consulting-practices of this country, and which exist in the same degree, I imagine, in consulting-practices in America. We have no true consultants here. It would not be possible, as far as I know, at the present moment to name any man who is not as much a family practitioner, at the call of the first patient who chooses to summon him, as he is the consultant at the behest of a medical brother. The guinea-fee is universal, and the result is that our most highly-reputed physicians accumulate their fortunes by the number rather than the importance of their cases and their fees.

The remedy which I see as most probable, and which I think most urgent in all countries, is the adoption by the medical profession of legal precedents and the establishment of a class of consultants, properly so called, corresponding to what we know here as Queen's Counsel; men who by their consent, and by the act of the head of their profession, have taken "silk;" that is, wear silk instead of "stuff" gowns in court, as the outward and visible sign of their professional rank. They are from that moment precluded from taking any case, except one of sufficient importance to have engaged the previous and simultaneous services of a solicitor and a junior barrister or "stuff-gown man," whose care it is to draw the pleadings, prepare the case, and to act with their senior and "leader." The Q. C. can not appear except with a "junior," and his brief must be "marked" before he looks at it, with a fee, which is known beforehand and which is never for any consultation less than five guineas. By a corresponding arrangement their services would become really consultants; their time would be amply paid by a smaller number of fees; they would not waste their experience, matured skill, and lessened energies in trivial cases; they would hold a proportionately dignified and useful position; they would have more time for teaching, writing, and hospital-work; they would not compete, as they do now, cruelly with young practitioners struggling for a crust but bound to charge the guinea-fee. Who will begin such a reform, and upon which side of the Atlantic shall it be initi-

ated? With your freer institutions, less rigidly modeled rules, less severely imposed traditions, there is perhaps most room for hope of early reform in your great cities. Here we see men like Jenner, Gull, Henry Thompson, Wilson, Fox, Paget, Reynolds, retiring in the early prime of life from their important positions as teachers, investigators, and hospital physicians because they must guard the guinea well from morning till night. They lose their position in science; they are no longer the advance-guard of progress; they have no time to study questions either of science or of medical polity; they boast of going little into society, of seeing patients from eight in the morning till eight at night, of rarely seeing even their children. They are the slaves of every one who comes with a guinea in his hand. They become disgusted with the bondage to which they serve their whole lives; and they rarely bring up their children to a profession which they have found (and have made) so toilsome to themselves and so little dignified in the world. This is the state of things in the Old World. Can you do nothing to redress the balance in the New?

Reviews.

Hygienic and Sanative Measures for Chronic Catarrhal Inflammation of the Nose, Throat, and Ears. Part I. By THOS. F. RUMBOLD, M.D., St. Louis, Mo. Geo. O. Rumbold & Co., 1880.

This is the best book we have seen from a specialist for a long time. The author is evidently a man of common sense, whose mind has not been warped and contracted by special study and practice. In this he is peculiar. The following brief but comprehensive and supremely judicious advice on diet is worthy of the highest commendation:

> A good, nourishing diet consisting of food *known to the patient* to be especially easy of digestion is advisable. In all long-standing cases in which the disease is complicated with dyspepsia, the patients have learned that with respect to eat and drink *their stomach has a law of its own*, which experience has decided time and again can not be disobeyed with impunity.

The doctors—and their name is legion—who prescribe for their patients the food which agrees with their own stomachs, and proscribe to their patients those articles which their own stomachs object to, should read and remember this advice of Dr. Rumbold.

"Children," the author says, "that are afflicted with catarrh, whose complexion is pale and whose mucous membrane is in a relaxed condition, should eat plentifully of animal food." Now this is excellent advice provided the child likes animal food; but if animal food be disgusting to him, then not only is it not beneficial to force it upon him, but it is positively injurious. Fowls are successfully fattened by cramming dough into their crops *nolens volens*, but the human stomach rebels against such treatment.

"Candies, cakes, and pastry should be prohibited," says Dr. Rumbold, and in this advice he is sustained by popular prejudice and the common voice of the profession. On this point experience has convinced us that Dr. Rumbold is utterly, totally wrong. The natural appetite is seldom a false guide in diet either in sick adults or children. If they have no appetite, iron, strychnia, bitter tonics, sunlight, and fresh air should be given freely. If they have indigestion, lactopeptin, pepsin, etc. should be given. A craving for dirt, chalk, paper, and a desire for vast quantities of pickles are abnormal appetites, and are cured by iron. The craving for candies, cakes, and pastries, as well as for fruits, are natural, pysiological appetites, and should be gratified. If such appetite is excessive and excludes totally meat diet, then the ferruginous and bitter tonics and sun and air, and not deprivation of one class of food and compulsion of the other, are the proper measures for the welfare of the patients.

Oil externally Dr. Rumbold has immense faith in for children thin in flesh and dry-skinned. He has seen a child two years old increase in weight an ounce a day for eight weeks under assiduous inunction, its stomach having for some time previously rejected oils and most other food when swallowed. Further, he says that "in the internal as in the external use of oil increase of weight obtained is often greater than the mere weight of the oil introduced into the system."

Inunction was recommended by Hippocrates. Sir James Simpson published in 1853 in the Edinburgh Monthly Journal of Medical Science the results of his investigations on the external use of oil, in which he called attention to the custom of poor parents in Scotland of putting their delicate children to work in the woolen mills, and that by working in the grease employed in these factories the children grew strong and healthy.

XUM

A few years ago Dr. Weir Mitchell published a most valuable little book entitled Fat and Blood and How to Make Them, in which he reported wonderful results accomplished by inunction and massage. And many others have written on the subject of inunction, and yet by the mass of practitioners this most important therapeutic measure is almost wholly neglected, and some even deny the power of the skin to absorb oils. Our own experience with oleaginous inunction prepares us to believe almost any thing that may be claimed for this treatment, and indeed in the treatment of delicate children we commend oil as Colonel Sellers does his eye-water, which he says "should be used externally, internally, and eternally."

Tobacco Dr. Rumbold holds to be a depressor of nervous energy, injurious to digestion, and particularly harmful in diseased conditions of the mouth, throat, nose, ears, and he might have added, of the face and eyes also. But it is a great luxury and great comfort, and verily Bulwer speaks truly when he says, "He who doth not smoke hath either known no great grief or else denies himself the softest consolation known to man save that which comes from heaven."

The hygiene of catarrh is a most useful book, and we shall look with pleasure for the issue of Part II, which will be devoted to therapeutic and operative measures.

Pharmaceutical.

SCHEFFELIN'S SOLUBLE-COATED PILLS.—Nothing more excellent, elegant, and admirable in the way of medicine has ever been offered to the profession than the wares of this well-known firm. We have given their soluble-coated pills a thorough trial, and we are free to say that we have never seen any thing superior to them. Their hand-case of assorted medicines—the physician of course may make his own selection of contents—is a most useful affair for night-work and emergencies. The one in our possession has proved a most convenient companion.

JOHNSTON'S FLUID BEEF.—This substance —containing it is claimed with the extractive matter of the beef the entire nitrogenous elements in a form ready for assimilation, and not a mere stimulant, as are many of the so-called essences and extracts of beef —has no superior, and in this region is preferred to all other preparations of its class.

MALTINE WITH PEPSIN AND PANCREATINE; MALTINE WITH PEPTONES; AND MALTINE WINE. — These delightful and efficacious remedies, prepared by Reid & Carnrick, are invaluable in the slow convalescence of typhoid and other continued fevers, in the debility following the puerperal state, and for persons broken down by intemperance in work or alcohol, or by chronic malarial poisoning.

LACTOPEPTINE.—This substance, made by the New York Pharmaceutical Association, can not be too often or too highly commended. No physician who has tried it fairly in practice or who has taken it in a severe paroxysm of dyspepsia will ever be without it. It is a certainty.

Miscellany.

THE CLASSIFICATION AND NOMENCLATURE OF DISEASES.—A. Rabagliati, M.A., M.D., before the British Medical Association:

Dr. Rabagliati said the subject seemed to be in a rather confused state. Many objections might be taken to the official classification of diseases: 1. It did not proceed upon a thorough-going plan or principle. 2. It contained cross divisions. 3. It was not inclusive or comprehensive of all diseases. 4. It was not natural; by bringing together diseases of certain organs it brought into existence rather an arbitrary classification than one distinguishing the essential nature of disease. 5. It was deficient in definitions, and actually gave no characters by which fever could be distinguished from inflammation. 6. It constantly named symptoms instead of diseases—e. g. deafness, impaired vision, etc.—without attempting to discover the cause of symptoms. Other classifications were equally faulty. The division of diseases into medical and surgical was convenient in practice, but impossible to maintain in a logical or scientific classification. Neither was the division of diseases into *acute* and *chronic* a logical one. There was no agreement among medical writers as to the meaning in which these terms were to be taken: Hippocrates letting the acute diseases extend, in one passage, as far even as the sixtieth day; while, in another, he seemed to fix the limit at fourteen days. Galen was in doubt whether they lasted longer than twenty days; but, if they lasted twenty-two, he called them *extended*. The

views of Asclepiades, the reputed author of the division, were entirely theoretical. Sydenham said the acute diseases moved to their termination *quickly* and *impetuously*. The chronic diseases came *slowly* to their termination, or not at all. Celsus wrote much to the same purpose. There was a logical objection underlying all these references to the terms acute and chronic, which was that they were not logical apposites. Acute referred to intensity; chronic to duration. The author proposed to distinguish diseases of short duration as brachychronic or oligochronic, and to say they were those which did not last more than twenty-eight days. They would then be distinguished from chronic diseases, which lasted longer than twenty-eight days. As regarded intensity, several terms were already in use, and it only remained to define them. Thus, *mild* diseases (mitis, Latin; πρᾶος, Greek), it was proposed to define as those in which the temperature did not rise higher than 100° F. In *subacute* diseases, the temperature ranged from 100° F. to 102.5° F.; and when the temperature rose above this point the affection might be said to be *acute*. The temperature was fixed on as affording the character of these divisions, because heat-production seemed to be the link through which, more and more, vital phenomena were being brought under the law of the conservation of energy. Disease was defined as any and every departure from health. Health could not be defined, but must be described something after this fashion: temperature not above 99° F., nor under 98° F.; respirations from 14 to 20; pulsations from 60 to 90, and soft, rhythmic, regular; and so on. Disease, then, formed a subkingdom in the kingdom of conditions; the other subkingdom being that of health.

The next step in classifying diseases must be etiological. To state the difference between typhus fever, e. g. and pneumonia, it was necessary to refer to causes; for there occasionally occurred cases not distinguishable otherwise. Typhus was often complicated with pneumonia and sometimes had no rash; while in pneumonia there might be mottling of the skin; but pneumonia was caused, like the inflammations proper, by exposure to cold or damp, while typhus was due to organic matter in a state of change. This was the next step in classification; and hence it was said that diseases were caused by inorganic matter, on the one hand (moving air, water, etc.), or by organic matter on the other. When inorganic matter acted (*quâ* heat-abstracting) it caused simple inflammations, when it acted with momentum (*quâ* moving) it caused injuries or traumatic inflammations, and when it acted simply as a foreign body it caused irritative inflammations. For those conditions the termination *itis* was proposed to be retained. The cause might act from within or from without, and this difference gave the class of the disease. The genus was determined by the part affected; e. g. pleuritis, cerebritis, etc. Species would be acute, subacute, or mild, chronic or brachychronic, according to the definitions already given of these terms. The variety would be determined by facts in the history of the affection—such as the occurrence of suppuration and its nature—according to the heredity, diathesis, or constitution of the patient. Definitions of these terms were given. Organic matter, as a cause of disease, might have higher or lower specialization. In its highest form it was an actual germ, capable of inducing a parasitic disease (νουσὸς παρασιτική). If not so highly differentiated, the cause produced a fever proper — such as typhus or smallpox; and, when still lower in its differentiation, the cause induced a specific inflammation (νουσὸς καταζυμωτική). Probably typhoid fever should be looked on as a specific inflammation rather than as a fever; and the time might come when the profession would consider the difference between the fevers and the specific inflammations as insufficient to determine a difference of order. Pregnancy would be the vanishing-point of disease on this line. Here the highest germ was introduced into the economy, and reproduced the highest form of life; but the whole process need not constitute disease. Most probably all these processes, due to the introduction of changing organic matter, would in time become amenable to treatment by some method analogous to that which had proved so useful in smallpox. According to the mode of action of the organic cause, classes of disease were determined. Those conditions named were due to organic matter finding its way into the economy from without. Such a condition as gout was due to organic matter acting from within. Acute rheumatism (for which term a definition was urgently needed) should probably be classed rather among the inflammations than the fevers, since it was generally due to cold; but the chalk-stone rheumatic affection seemed to belong to the affections due to

organic matter acting from within. The diseases were very different from one another, though both called rheumatism.

Diseases due to anxiety (very numerous at present) seemed to demand a place for themselves. It was doubtful if cancer did. The author suggested that cancer was, like injury, a depresso-congestive condition, in which the primary depression lasted for a very long time, and the subsequent hyperemic tissue-forming stage lasted a very long time also. Cancer, in fact, was very often what might be called chronic injury, with mild symptoms at first, becoming later subacute, or even acute. Scrofulosis and tuberculosis seemed to be best classified here also. Tumor the author did not consider a true genus. Increased tissue-formation was the secondary stage of almost all diseases; and the conditions called tumor were, logically, accidental formations, and not the essence of the disease. The true place for the classification of cancer, the author suggested, was as a *variety* of the depresso-congestive process termed inflammation, injury, etc.

The author objected to terms such as paralysis, neuralgia, neurosity, and the like, as names of diseases. They were names of symptoms whose cause was to be investigated. Such a name as hyperemic neuralgia, or spanemic neuralgia, of such and such a nerve, would be descriptive; but names like paresis were no more names of diseases than dropsy or rapid breathing was. Spasm, tetanus, chorea, and also very many of the names of nervous disorders, were in the same category.

In conclusion, the author maintained that the suggested classification of diseases had a potential place for any new disease that may be discovered. The cause would determine the class and order; the part affected would determine the genus; while species and variety would be determined in accordance with the considerations already advanced. The classification proposed was on a thorough-going plan. It contained no cross divisions. It was natural; bringing together diseases of like nature. It was inclusive; finding place for all. Lastly, when we heard a functional or symptomatic name, we raised the question whether the condition was understood.

SIR DOMINIC CORRIGAN.—This doctor's income during his best years in Dublin exceeded thirty thousand dollars yearly, a six-weeks' holiday and evenings spent at Dalkey notwithstanding.

WHAT IS MAN?—Some opine that his ancestors were apes of comparatively recent date; others make him out to have developed from a prehistoric lump of marine jelly. In this uncertain state of affairs it is satisfactory to have every doubt cleared up, for good and all, by Prof. Chas. Deesy, of Fuenfkirchen, who is in a position to assure the world at large that men are derived from frogs, and will at some future period return to their original batrachian condition. "At the beginning of all terrestrial things," says the learned professor, "a frog-like mammal ruled the waves. It could live in the air as well as in the water, but preferred the latter as a regular and permanent place of residence. This froggy beast is nowadays called man. He can not even now get on without salt, to the consumption of which he became accustomed when he was a simple frog; and the divisions between his fingers and toes, formerly filled up by the swimming apparatus his ancestors have retained, can not but carry conviction to every unprejudiced mind. Nothing is more absurd than to suppose that man is descended from monkeys. Just the contrary is the case. The modern monkey is a broken-down, degenerate man, and it is doubtful whether he has it in him to become a frog in the fullness of time, as will his robuster human ancestor when the moon and earth shall come into contact. Then universal submersion will occur, and the frog-man-frog will become the heir to all the ages, to the full results of time."—*Boston Journal of Chemistry.*

DR. J. MARION SIMS has lately been decorated with the order of Leopold I by the King of Belgium. The decoration was offered him seventeen years ago, but the American minister refused to let him receive it because of the doctor's Southern sympathies. —*Medical Record.*

THE LATE MEETING OF THE AMERICAN DERMATOLOGICAL ASSOCIATION.—This meeting, which occurred at Newport, R. I., was attended by most of its members. The time of the meeting was spent in the consideration of dermatology, and none was given to entertainments and excursions. The following officers were elected: Dr. J. N. Hyde, of Chicago, president; Dr. E. Wigglesworth, of Boston, and Dr. C. Heitzmann, of New York, vice-presidents; Dr. A. Van Harlingen, of Philadelphia, secretary; Dr. J. E. Atkinson, of Baltimore, treasurer.

NATURAL GLASS.—Another marvel lately brought to light in the Yellowstone Park of North America is nothing less than a mountain of obsidian or volcanic glass. Near the foot of the Beaver Lake a band of explorers came upon this remarkable mountain, which rises in columnar cliffs and rounded bosses to many hundreds of feet in altitude from the margin of the lake. As it was desirable to pass that way, the party had to cut a road through the steep glassy barricade. This they effected by making huge fires on the glass to thoroughly heat and expand it, and then dashing the cold water of the lake against the heated surface to suddenly cool and break it up. Large fragments were in this way detached from the solid side of the mountain, then broken up small by sledge-hammers and picks, not, however, without severe lacerations of the hands and faces of the men from flying splinters. In the Grand Cañon of the Gibson River the explorers also found precipices of yellow, black, and banded obsidian hundreds of feet high. The natural glass of these localities has from time immemorial been dressed by the Indians to tip their spears and arrows.—*Boston Jour. of Chem.*

HEATING RAILWAY CARS.—A novel method of heating railway cars has, it is said, been tried with success on the Paris and Marseilles Railway. It consists in the use of acetate of soda in the "warmers," taking advantage of the chemical phenomena which are exhibited by that substance when heated. It appears that the acetate of soda when desolving absorbs a large quantity of heat, which is given out as the salt crystallizes in the cooling solution. A "warmer" filled with the solution and heated to 212° F. takes from twelve to fifteen hours to cool, and then only requires to be placed in a stove to reabsorb a large quantity of heat, which it will give out again as it cools. As the "warmers" when once filled will be practically everlasting, and as acetate of soda is comparatively cheap, it is probable that the invention will be taken advantage of in this country.—*Druggists Circular.*

FASTING AS A PECUNIARY SPECULATION.—The Barnum show initiated by Dr. Tanner is likely to have a good many imitators when it becomes known that to notoriety is added the "almighty dollar" sufficient to keep its wily performer in affluence for the remainder of his natural life (Med. Press and Circular). According to the calculations of the New York journals to hand, Dr. Tanner received altogether the sum of $137,640 for his forty-days' fast, or upward of £27,530. This is at the rate of $3,441, or £680, per day. This remuneration for forty days' gripes and grimaces is stated to have been made up from the following sources: The doctor's own bets, $5,000; through a betting agency, $12,223; sale of photographs, $1,500; payments for admission to the house, $78,915; from various manufacturers for the doctor's signature to their commodities, $11,102; a gift from the University, $3,000; a present from the state of Ohio, $5,000; and from the firm of Liebig & Co., $20,000. We hope the world is now satisfied with this gigantic swindle, and will hear with becoming equanimity the doctor's quiet chuckles at his good fortune.

BLACKMAILING AGAIN.—Geo. P. Rowell & Co.'s American Newspaper Directory. This extensive work of compilation has been received. It is a marvel of systematic work, but, perhaps unavoidably, it has a great many errors. Some of them, however, are inexcusable. For instance, in our own case, the circulation of the Obstetric Gazette is put down as "under five hundred." Rowell & Co. were duly notified one year ago, at their request, that the regular circulation of the Gazette was three times that amount; but then, you see, we neglected to advertise with the Rowells.—*Obstetric Gazette.*

PINE-WOOL CLOTHING.—Throughout Germany and France a considerable reputation has been achieved by the product of pine-wool fabrics of Remda, in Thüringen (British Medical Journal). The jerseys, drawers, and under-clothing made of this product are woven into warm aromatic nether garments, which are much worn as under-clothing, and which have a considerable reputation for use as preventives of rheumatic affections, and for protecting the body against sudden changes of temperature in inclement weather. We are not aware of any English experience of them, but they are now being introduced and claim attention in any case as warm, well-made, and comfortable woolen under-clothing, particularly well adapted for wear during the colder seasons of this climate.

BROMIDE OF POTASSIUM.—The firm of Gehe & Co., Leipzig, sold in 1855 three and one half pounds bromide of potassium, and in 1879 twenty-one thousand pounds.

XUM

XYLOTHERAPY.—At a recent meeting of the Société de Thérapeutique M. Dujardin Beaumetz read for M. Jourdanis a note on the esthesiogenic properties of certain woods applied to the skin, which he calls xylotherapy (*La France Médicale*). M. Jourdanis has applied plates of wood to the insensible skin, and as with plates of metal, magnets, sinapisms, and blisters, has obtained a return of sensibility (Med. Press and Circular). The applications of wood seem to be more active than the other means. All woods do not act with equal intensity, and with regard to their efficacy may be classified in the following order: Cinchona bark, thuja, rosewood, mahogany, pitch pine, walnut, maple, apple. Poplar, ash, and plane produce no effect. Return of sensibility is accompanied by congestion of the skin. We can not suppose these phenomena to be caused by electric currents.

TO PRESERVE WOOD POSTS.—The decay of wood imbedded in the earth is difficult to guard against; but according to the Farmers' Gazette a simple precaution, costing neither money nor labor, will increase the durability of posts put in the ground by fifty per cent. This is simply by taking care that the wood is inverted, i. e. placed in the opposite direction to that in which it grew. Experiments have proved that oak posts put in the ground in the same position as that in which they grew, top upward, were rotten in twelve years, while their neighbors, cut from the same tree and placed top downward in the soil, showed no sign of decay for several years afterward. The theory is that the capillary tubes in the tree are so adjusted as to oppose the rising moisture when the wood is inverted.—*Druggists Circular.*

THE numerous friends of Dr. James H. Letcher, of Henderson, Ky., will be pleased to learn that on September 29th he was presented with a splendid solid gold medal by the Evansville (Ind.) Division Knights of Pythias, in recognition of professional services rendered the division while in Saint Louis. This is a well-merited tribute to a modest and accomplished physician in which the entire profession is honored.

A GRAPHIC DESCRIPTION.—The patient records that he awoke free from pain "but weak as a baby, and became a mere lay figure for the exhibition of chicken-broth, jelly, smelling salts, strong drinks, misplaced sympathy, arrowroot, and slippers."—*Land and Water.*

Selections.

Asthma as a Reflex Phenomenon.—Dr. J. W. Collins, of Colorado Springs, Col., reports, in the Rocky Mountain Medical Review of September, cases of cure of asthma by surgical operations on the uterus. He says:

Mrs. —— came under my charge in June, 1879. I found her suffering the most intense asthma, long continued and rebellious to all known remedies. Eleven years previously she was married. At the age of twenty-three years, when six months pregnant with her first child, after a fatiguing walk, she developed some shortness and difficulty of breathing, with pelvic pain and pressure from the uterus. This was her first symptom of asthma. From that time on she was subject, after unusual exercise, to attacks of dyspnea of short duration and mild in character, until her confinement at full term, when she was delivered, by the aid of the forceps of a male child weighing ten pounds. She suffered an extensive laceration of the cervix and perineum, the latter extending through the sphincter vaginæ and a portion of the sphincter ani. The laceration of the cervix was bilateral and extended to the vaginal insertion. She had a long and serious "getting up," and from the thirteenth day developed the most intense asthma. She slowly recovered, but from that time suffered with asthma, especially at the menstrual epochs, and after any and the slightest irritation of the pelvic organs, such as the sexual act, horseback or carriage riding, walking, etc. Within the next ten years she bore three other healthy, living children, at each confinement suffering a fresh laceration of the cervix, accompanied by serious hemorrhage and an increase of asthma, until at the time she came under my observation the attacks were almost continuous and uncontrollable. She had had local treatment for "ulceration of the cervix uteri" at home, in New York city, and in Colorado, in which latter state she spent the winter of 1878–9.

I found the uterine neck and body quite low, very much engorged, and tender to touch. The uterine neck nearly filled the circumference of the vagina, was dense and cicatricial to the touch, and seamed in several directions; one of the cicatricial seams involving the vaginal junction upon the left side; pressure upon the uterine neck would cause symptoms of asthma. Upon using the speculum (Sims's), the old laceration of the cervix was plainly visible, and the surface presented to the eye an outrolled, a partly eroded and partly cicatricial appearance, and the cervix was fully an inch and a half in diameter, the os occupying an angle to the left. She had a thick, tenacious uterine discharge. My diagnosis was that the asthma was intensified and rendered uncontrollable by reflex irritation of the great sympathetic through its cervical uterine branches. My prognosis was that she could be much benefited and her asthma probably cured or greatly modified by the performance of Emmet's well-known operation for laceration of the cervix uteri and restoration of the perineum, as during her attacks of asthma the coughing was so intense and distressing that she could not lie down, and the uterine neck and posterior wall of the vagina would protrude from the vulva, showing that the uterus had lost its natural support.

Medicines were of no use. She had exhausted

the whole range of remedies under the hands of the most skillful medical men. She informed me, however, that while in Colorado the preceding winter, and while under local treatment for the uterine ulceration she was almost free from asthma, except at the menstrual epochs, and then not so severely as in other localities.

I wrote to Dr. Emmet, describing the condition of the patient and asking his opinion as to the probable cause. He informed me that while he had never met a case that he thought due to that peculiar pathological condition, yet the reflex manifestations caused by it were so varied that he at once sustained me in diagnosis and strongly urged the operation. As the success of the operation depended upon its being performed in some climate where the patient would be comparatively free from asthma, it was decided that she should go to Manitou, Colorado, using some preparatory treatment.

On the 12th of September I performed the operation for the lacerated cervix, which consisted in taking out two V-shaped pieces, one on each side, down to the vaginal junction and including the greater portion of the dense cicatricial tissue, bringing the sides of the incisions together by eight interrupted silver sutures, four upon each side, as practiced by Dr. Emmet. There was but little loss of blood. The sutures were removed on the eighth day—union was complete throughout. What was quite remarkable just here was the fact that although the patient had up to the very day of the operation more or less asthma—sometimes quite severe—yet for two weeks after the operation and during the time of healing she had none. But soon after this, and subsequent to taking severe cold, consequent upon change of room, she did have quite a severe attack, and at intervals some attacks during the winter following.

On the 5th of April, 1880, I performed the operation for lacerated perineum, after Emmet, using six stout wire sutures. In four weeks the patient was out walking around, visiting, etc. She has had no asthma since the attack noticed above, and has regained her general health almost entirely, which had been lost for ten years. She is now living with her husband, rides, walks, and lives as other people, and has no symptom of the old enemy's presence. The prospects now are that she may return to her home in the following fall relieved if not entirely cured of the asthma.

Rectal Alimentation.—At the meeting of the French Association for the Advancement of Science, at Rheims, M. Catillon read a paper on Alimentation by the Rectum, in which he stated that he had fed two dogs during two months with injections of eggs (British Med. Journal). The first, which had eggs only, lived with difficulty, with considerable loss of weight; the other, in which the injected eggs were mixed with glycerin and pepsin, lived in an apparently normal manner, weight and temperature being constant. After thirty-seven days, the pepsin having been stopped, the animal lost weight, and the temperature fell from 102° F. to 99° F. It is therefore apparent that in order that nutrition should be properly performed by the intestine, digestive ferments must be associated with the food; that is to say, they must be transformed into peptones. In another series of experiments M. Catillon demonstrated that the same result is attained with peptones prepared artificially. He found that with a regular daily alimentation composed of 300 grams of meat, 350 grams of bread, 300 grams of potatoes, he excreted an amount of urea varying from 25.40 grams to 24.50 grams, his weight being 71 kilograms and 900 grams (about 160 pounds). During three days he completely abstained from meat, the urea then falling to 15.60 grams, and his weight to 71.4 kilograms. During the next week he replaced meat by peptones of meat; the urea rose to 30.95 grams, and weight 72.3 kilograms. During the four days he took enemata of peptones the weight remained constant, and the urea was in proportion to the peptone. Finally he went on low diet, without peptone or meat, and the urea fell to 15 grams, and the weight to 71.8 kilograms. For the sustaining ration there is required 160 grams of saturated solution of peptone, making 19° by Baum's areometer and representing three times its weight of meat. For an alimentary enema the formula is: peptone of meat (saturated solution at 19°), 40 grams; water, 125 grams; laudanum, three or four drops; bicarbonate of soda, 30 centigrams.

Beri-Beri.—By Galdino Cicero de Magalhaes, M.D., Surgeon Brazilian Navy. Condensed from the Pacific Med. and Surg. Journal:

Beri-beri is a constitutional disease of an infectious nature, whose etiology is unknown; assuming a mixed condition of paralysis and edema, characterized by dyspnea, disorder of the organs of digestion, of respiration, of circulation, and principally of the nervous system. The disease properly belongs to the tropical regions, where it prevails endemically or epidemically. In its attacks it is either acute or chronic, mild or malignant.

First period, or invasion of the disease. The patient becomes listless and in a condition which he is not able to define; he feels a want of energy and inability from weakness to do any work; the gastric functions are torpid, and there is a feeling of fullness in the stomach and a want of appetite. The weakness is accompanied with drowsiness and torpor, principally in the lower extremities, which soon become painful. It will be noticed about this time that there will be some swelling about the ankles and sometimes the hands and feet.

Second period—Apogee or acme of the disease. The general weakness increases, and the pains extend and become more severe in the upper and lower extremities, anesthesia and debility increase; edema of the muscles occurs, with pain, particularly in those of the calf of the leg, while the skin of those parts is insensible; vomiting commences, and the food causes oppression in the stomach. The patient feels a strong constriction around the pelvis, which little by little ascends to the thorax, producing great inconvenience. This symptom is known as the "beri-beri cincture" or girdle. There is dyspnea, more or less intense, approaching at times to orthopnea; the edema of the extremities is hard and elastic, and by degrees invades the whole body. The patient gradually loses the power of moving; the sight diminishes; insomnia and hypochondria add to his sufferings; the patient is impotent and incapable of having an erection; the voice becomes hoarse and the utterances almost unintelligible; the pulse diminishes gradually in force.

Third period or termination. When the termination is favorable the symptoms decrease till the complete reëstablishment of health, and *vice versa*. In the first case the gastro-intestinal functions are the first to return to their normal condition; the appetite returns, the cerebral perturbations also gradually

cease; the nervous phenomena, such as numbness and want of sensibility, paralysis, etc. are the last to disappear. In the case of a fatal termination all the symptoms increase; the hoarseness becomes aphasia, the amblyopia amaurosis, and the paralysis becomes complete. Increased insomnia ensues with excruciating pains in the muscles, complicated with a horrible dyspnea that passes to orthopnea, the patient finally succumbing asphyxiated in consequence of the paralysis of the respiratory muscles. Serous congestions also affect the brain and medulla, aiding in causing death. Generally the patient retains complete control of hts mental faculties to the last moment.

All experts agree that of all the remedies and means used there is not any so valuable as perfect hygiene, change of air, good surroundings of the locality selected, substantial and easily-digested food; and especially is it necessary to leave the place where the disease was contracted.

On the Diagnosis and Treatment of Ruptured Bladder.—Mr. Christopher Heath contributes a very interesting paper in the Transactions of the London Medico-Chirurgical Society (Keen's review in Hays's Journal of the Medical Sciences):

The patient had been thrown down on his back by a companion, whose elbow hit him "in the stomach." He was sent to the hospital over twenty-four hours later by a doctor who had drawn a few ounces of bloody urine, with a diagnosis of hematuria and retention. Mr. Heath diagnosed ruptured bladder, and calls attention to the influence of the respiratory movements on micturition, an influence not visible when the bladder-walls are intact. Abdominal section was performed at once by the antiseptic method, but the carbolic spray gave out before the operation was ended. The rent in the bladder was sewed up by a continuous catgut suture. He did well until the fifth day after the accident, and died on the sixth. Local peritonitis about the abdominal wound for two inches, six ounces of blood in the recto-vesical pouch, peritonitis in the coils of the intestines over it, and a gaping of the lower part of the wound in the bladder were found at the post mortem.

Mr. Heath then discusses the various procedures proposed and the cases actually treated, both in England and the United States, including the methods of paracentesis, abdominal section (first proposed by Professor Gross), catheterism both of the bladder and peritoneal cavity, lateral lithotomy (first suggested by Dr. Stephen Smith), and tapping the recto-vesical pouch. Four recoveries are cited; two by catheterism, one by abdominal section, and one by lateral lithotomy. The difficulty of sewing up the bladder—especially if the rent be posterior, as it is apt to be—is very great indeed, even with many and trained assistants; and as abdominal section has little, if any, advantage over paracentesis in evacuating the fluid, and is less effective in drainage than tapping the recto-vesical pouch, he rightly rejects it.

His conclusion not only commends itself to common sense, but the method he urges is also simple and convenient, and can be done by every practitioner (a point of no small importance), viz. that cases of ruptured bladder should be treated, so far as operation goes, by catheterism and washing out both of the bladder *and the peritoneal cavity*, reserving lateral lithotomy for the cases in which the catheter can not be introduced through the rent into the abdominal cavity. If the practice needed any reinforcement, it may well be found in the remarkable success recently reported by Keith in ovariotomy (ninety-seven per cent), due largely, if not chiefly, to the fact that he *thoroughly* cleanses the peritoneal cavity, as well as to the use of the antiseptic method.

Use of olive oil in large doses for softening and causing the easy expulsion of biliary calculi is recommended by Roderick Kennedy, M.D., of Queen's College, Kingston, Canada, in the Lancet of September 18th. He says of it:

A medicine readily available, and having the power of softening and expelling biliary calculi, it will be admitted has hitherto been a *desideratum*. Such a medicine I have during the past year used in a variety of cases, and always with complete success. In every instance in which the calculi were proved or presumed to have been the cause of periodic suffering these bodies were promptly and painlessly expelled in larger or smaller numbers by the use of *large* doses of olive oil. In some instances lately, where the patients did not exhibit symptoms of such acute suffering as are more commonly witnessed, but where obstruction to proper flow of bile was evident, I had recourse to this remedy, and in these cases also have been rewarded with similar surprising and satisfactory results.

I order six ounces of the oil to be taken at bedtime, to be followed in the morning by a full dose of castor oil, and repeat as may be required.

Another fact I have noticed is, that although the administration of the oil at intervals of a few weeks or months does prevent the re-formation of the concretion for the time, yet the resort to the oil alone does not alter the causes or diathesis upon which the formation of these bodies depends.

Salicylic Silk.—Messrs. Harvey and Reynolds, of Leeds, have introduced a useful novelty in salicylic silk, containing ten per cent of pure salicylic acid. It is used by Mr. A. F. McGill, Lecturer on Pathology at the Leeds School of Medicine, and consists of silk waste, forming a very delicate and beautiful surgical dressing. It is recommended as an antiseptic surgical dressing in place of carbolic gauze. It is alleged to possess the following advantages: 1. The number of dressings required is much diminished; 2. As a consequence early union of the wound is more frequent; 3. It is economical; 4. It retains its antiseptic properties for an indefinite period. The price is five shillings per pound.—*Brit. Med. Jour.*

Vaccinating Eczematous Children.—Dr. J. C. Murray writes to the British Medical Journal of September 18th: It is, or ought to be, known to all obstetricians that vaccination is a cure for infantile eczema. I do not remember having seen this mentioned before, and if Dr. Drury is the first to put it on record he deserves credit for now doing so. But most medical men of middle age have found for themselves the value of vaccination in eczema. I remember that thirteen years ago a near relation of mine had a boy with eczema capitis, which defied ordinary means. Soon after the usual time for being vaccinated was past I told the mother that vaccination might cure it. I had no doubt observed good results from vaccination before, but the lasting impression was made then, which decided me to practice and recommend vaccination in eczema—the result, when observed, being cure.